



Administrative Simplification Committee

July 9, 2013

Meeting Minutes

The meeting for the Bayou Health Administrative Simplification Committee was called to order by Jen Steele, committee chair.

Committee members introduced themselves to others in attendance. In attendance were: Jen Steele, Kellea Tuminello, Destiny Rohmfeld, Susan Badeaux, Ann Logarbo, M.D., Kyle Viator, Karl Lirette, Doug Boudreaux, Sonya Nelson, Susan Glowacki, Greg Ivey, Casey Tompley, Kevin Maddox, Berkley Durbin, Alesia Wilkins-Braxton, Renee Simmons, Kevin Campbell, Neal Elliot, Paula Jennings, Michelle Renee, Angela Marshall, Diane Griffin, Lesli Boudreaux, and Cindy Caroon. Present on the phone were: Kris Miller, Shelton Evans, Linda Rintala, April Golenor, Ashley Politz, Kim Chope, Steven Kerr, Gail Williams Rebecca Engelman, Floyd Buras, M.D., and Stewart Gordon, M.D.

March Meeting Follow Up Items

Jen Steele began the meeting by discussing the action items taken from the last Administrative Simplification Committee held on May 14, 2013. The items discussed are listed below.

- **ACA** – DHH revised its policy on 6/6/13 to make APRNs eligible for the ACA Primary Care Services Enhanced Reimbursement when providing specified services under the supervision of a Designated Physician consistent with federal requirements. The 6/18/13 revision of the ACA Informational Bulletin details DHH requirements for APRN eligibility, including forms to be completed. Enhanced Reimbursement payments for FFS and Shared members retrospective to 1/1/13 were made on 6/25/13. These payments did not include APRN services, which will be paid retrospectively after the necessary system changes have been made. Enhanced Reimbursement payments by Prepaid Plans will not be made until revised capitation rates and contract amendments are in place, tentatively fall 2013.
- **OPH Policy on Vaccines** – Parish Health Units will continue to provide vaccines to eligible children. Legislature restored funds to OPH.
- **Retro Assignment of Newborns** – DHH is still reviewing the claims report. DHH sent the Health Plans a list of questions on July 2.

- **LHA's Request for PA Form** - Kellea stated that she has been in touch with Monet regarding the plans notification form. Emails were sent to the plans on the missing data elements. Monet and Kellea have been in contact with the plans regarding their notification forms. Discussed at the meeting were LHC and UHC's form. LHC does not provide the direct line to the nurse on their notification form in case the nurse is not available. Instead, LHC uses a 1-800 number which is answered by a receptionist. This allows a provider immediate contact with LHC. UHC provides a log which includes member names but does not refer to the individuals' Medicaid number. This log is used nationwide and would require a systems change in order to implement changes.

Committee members provided additional items to discuss during the meeting.

- **Birth Notification Process** – LHA would like to establish a sub-group to look at the Birth Notification Process required by the plans and the information collected in the LEERS submission. Most of the information the health plans are requiring of the hospital is included in the data that the hospital submits through LEERS. This is causing the hospitals do to twice the work. Is there a repository such as LEERS that everyone including hospitals, health plans and DHH are using? Plans do not have access to LEERS nor LINKS. DHH will work with OPH.
- **OB Billing** – Shan McDaniel asked for clarification regarding OB/GYN services. If a provider does not treat Medicaid GYN and a patient comes to this provider wanting to be considered as a Medicaid OB patient the provider treats the patient as no insurance and discloses that the visit is a cash visit. Is it appropriate for the first OB visit to be treated as a cash visit? Also, if a group does not accept Medicaid OB as secondary, is it appropriate to have the patient pay the co-insurance out of pocket and not file with Medicaid as a secondary payer? Neal Elliot, DHH attorney, provided guidance to her questions. A 1991 Rule states that “Practitioners who participate as providers of medical services shall bill Medicaid for all covered services performed on behalf of an eligible individual who has been accepted by the provider as a Medicaid patient.” This is located in the Louisiana Register, Vol. 17, No.3, p. 271, March 20, 1991. Neal's interpretation of this Rule is that it does not allow a provider to “pick and choose” which services he/she will accept Medicaid for. As for as a provider accepting Medicaid as secondary, providers have the option of not taking Medicaid as secondary with disclosure to the patient.
- **EPSDT Billing** – Some providers had issues with the health plans regarding EPSDT billing. Some plans do not allow the billing to report a sick visit. DHH has communicated with the health plans on this policy and which codes get modified. Dr. Buras stated that he is having problems with LHC. Kris Miller with LHC stated that he will contact Dr. Buras to review his claims and work with him in regards to this issue.

- **Methodology/benchmarks/payments – Shared Savings** – DHH is in the process of making a contract amendment. DHH will have a follow up meeting with the plans if they have any questions. In regards to providers receiving checks this is not happening anytime soon. Current contract does not give the authority to issue payments. The contract amendment will allow the shared plans to make the payment.
- **SB 55** – Jen stated that Mary Johnson will report at the next meeting.
- **Medicaid Manual updates on billing “incident to”** – Jen referenced and distributed hard copies of the requested update to the Professional Services Provider Manual issued on 6/26/13. Kellea will check with the Medicaid Policy section to see if they issue any notifications when services manuals have been updated.

Other Items:

Susie Glowacki stated that they are having issues referring patients to specialist as well as transportation. Susie mentioned that it is hard to locate specialist. Most pediatric surgeons are located in Baton Rouge or New Orleans. Not having specialist available is a bigger issue now since managed care has been implemented. In regards to transportation, she stated that when they discover that a child is ill that day, they cannot get transportation since they have to call for transportation 48 hours in advance. Having this issue causes most of their patients to go to the ER.

Berkley Durbin questioned the health plan data that is being posted on the website. She stated that one chart in particular is missing data elements. Berkley will send Jen an email with the missing data element.

Clarification on the Informational Bulletins and the RA Message that was posted on June 4th regarding the billing of delivery.

From the discussion, action items for follow up for the next meeting were identified:

1. Work with OPH on Birth Notification Process. Plans do not have access to LEERS or LINKS.
2. Provide clearer information on “Picking and Choosing”.
3. OB Billing Issue
4. DHH Compliance with SB 55
5. Policy update
6. Access issues on transportation
7. Performance Measures posted on the website
8. Information Bulletin 13.1 – 13.10

9. Clarity on RA Message sent on June 4 regarding the billing of a delivery.

Meeting adjourned.